## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

108.15050

Patent and Tradement Office, U.S. DEPARTMENT OF COMMERCE

|             |  |                                  |               |                                       |              | ·                        |                 |                |                        |           |                    |                        |  |
|-------------|--|----------------------------------|---------------|---------------------------------------|--------------|--------------------------|-----------------|----------------|------------------------|-----------|--------------------|------------------------|--|
|             |  |                                  |               | S FILED - PART I<br>(Column 1) (Co    |              |                          | SMALL E         |                |                        | OR        |                    | R THAN<br>ENTITY       |  |
|             | TOTAL CLAIMS   |                                  |               | 24                                    |              |                          |                 | RATE           | FEE                    | 7         | RATE               | FEE                    |  |
|             | FOR  | NUMBE                            | NUMBER FILED  |                                       | NUMBER EXTRA |                          | BASIC FE        | <b>€</b> 385.0 | OA                     | BASIC FEI |                    |                        |  |
|             | TOTAL CHARG  | 24 4                             | # minus 20= * |                                       | 4            |                          | XS 9=           |                | OR                     | XS18=     | 72                 |                        |  |
| 11          | NDEPENDENT   | CLAIMS                           | 9 minus 3 ±   |                                       |              |                          |                 | X43=           | 1.                     | 7         | V00                |                        |  |
| ^           | MULTIPLE DEPENDENT CLAIM PRESENT   |                                  |               |                                       |              |                          |                 | +145=          | +                      | HOR       | -                  |                        |  |
| 1.          | * If the difference in column 1 is less than zero, enter "0" in column 2   |                                  |               |                                       |              |                          |                 |                | -                      | OR        | +290=              |                        |  |
| 1           | CLAIMS AS AMENDED - PART II  |                                  |               |                                       |              |                          |                 |                | <u> </u>               | JOR       | TOTAL              | 842                    |  |
|             | (Column 1) (Column 2) (Column 3)   |                                  |               |                                       |              |                          |                 | SMALL          | ENTITY                 | OR        | OTHER<br>SMALL     |                        |  |
| ENTA        |  | CLAIMS REMAINING AFTER AMENDMENT |               | HIGHE<br>NUMB<br>PREVIOU<br>PAID F    | ER<br>USLY   | PRESENT<br>EXTRA         |                 | RATE           | ADDI-<br>TIONAL<br>FEE |           | PATE               | ADDI-<br>TIONAL        |  |
| AMENDMENT   | Total  | . 19                             | Minus         | - 20                                  | 4            | .0                       |                 | X\$ 9=         | 766                    | OR        | X\$18=             | FEE                    |  |
| AME         | Independent  | ENTATION OF M                    | Minus         | <b>-</b> 3                            |              | - 0                      | ŀ               | X43=           |                        | OR        | X86=               | <del>.</del>           |  |
| -           | ·  | ENTATION OF M                    | ULTIPLE DE    | PENDENT (                             | CLAIM        |                          | t               | +145=          |                        | OR        | +290=              |                        |  |
|             |  |                                  |               |                                       |              |                          |                 |                |                        |           | . TOTAL            | -                      |  |
|             |  | A                                | DOIT. FEE     | L                                     |              | ADDIT. FEE               |                 |                |                        |           |                    |                        |  |
| AMENDMENT B |  | CLAIMS REMAINING AFTER AMENDMENT |               | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | ir<br>Isly   | (Column 3) PRESENT EXTRA |                 | RATE           | ADDI-<br>TIONAL<br>FEE |           | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|             | Total .  | •                                | Minus         | ••                                    | •            | <b>.</b>                 | Γ               | X\$ 9=         |                        | OR        | X\$18=             |                        |  |
| AME         | Independent  | •                                | Minus         | ***                                   |              | •                        | 上               | X43= ·         | •                      | OR        | X86=               |                        |  |
| ۰           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |               |                                       |              |                          |                 | 145=           |                        | OR        | +290=              |                        |  |
|             |  |                                  |               |                                       |              |                          |                 |                | •                      | OR.       | TOTAL<br>DOTT. FEE |                        |  |
|             |  | (Column 1)                       |               | (Column                               | 2)           | (Column 3)               | ·.              | •              |                        |           | •                  |                        |  |
| AMENDMENT C |  | REMAINING<br>AFTER<br>AMENDMENT  |               | NUMBEI<br>PREVIOUS<br>PAID FOI        | R            | PRESENT<br>EXTRA         |                 | RATE           | ADDI-<br>NONAL<br>FEE  |           | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| QN          | Total  |                                  | Minus         | **                                    |              |                          | \[\frac{1}{2}\] | C\$ 9=         |                        | OR        | X\$18=             |                        |  |
| AM          | Independent  |                                  | Minus         |                                       |              | E .                      | 5               | (43=           |                        |           | X86=               |                        |  |
| Щ           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |               |                                       |              |                          |                 |                | -                      | OR        |                    | -                      |  |
| • #         | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |                                  |               |                                       |              |                          |                 |                |                        | OR L      | +290==<br>TOTAL    |                        |  |
|             | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                  |               |                                       |              |                          |                 |                |                        |           |                    |                        |  |
| •           |  |                                  | (10000)       |                                       | es une n     | -Augst unwock #          | ound i          | n ane ebby     | opriete bax            | in colur  | nn 1.              |                        |  |
| FORM        | PTO-875 (Rev. 10/  | 030                              |               |                                       |              |                          |                 | - 4 S - 4 T    |                        |           | THENT OF S         |                        |  |